

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90084 030 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000056273

1. Entity Name

MULTIPLES INGREDIENTS AND
MUCH IMAGINATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10250 S.W. 56 Street

3. Mailing Address

Suite, Apt. #, etc.

C-102

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33165

Country

Zip

Country

4. FEI Number

65-0850495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS I. DECASTRO

Street Address (P.O. Box Number is Not Acceptable)

10250 S.W. 56th Street

Suite C-102

City

MIAMI

FL

Zip Code

33165

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

LUIS I. DECASTRO

04/11/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LINARES, JULIAN 10250 S.W. 56 St, C-102 MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC IGLESIAS, MARCIA 10250 S.W. 56 St, C-102 MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, JOSE M. 10250 S.W. 56 St, C-102 MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA E. IGLESIAS

4/11/02

(305) 2737555

Date

Daytime Phone #

CR2E034B (12/01)